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CONFIRMATION NO. 4969

Bib Data Sheet

SERIAL NUMBER 10/002,354	FILING DATE 10/30/2001 RULE	CLASS 358	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 10016465-1
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APPLICANTS

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** CONTINUING DATA ****

None OK Dm

** FOREIGN APPLICATIONS ****

None OK Dm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	CO	6	25	3

Verifier and Acknowledged
Dillon M Dm
 Examiner's Signature Initials

ADDRESS

HEWLETT-PACKARD COMPANY
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TITLE

Document delivery methods and multifunction device therefor

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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